

EDUCATIONAL TRUST
PO Box 220888

Anchorage, AK 99522

Tel: (907) 891-2481~ Email: cmalapit@greatnorthcpas.com

APPLICATION FOR EDUCATION DISTRIBUTION

PLEASE INCLUDE ENROLLMENT VERIFICATION

DIRECTIONS: IF YOU NEED MORE SPACE, INCLUDE INFORMATION ON A SEPARATE PIECE OF PAPER.

1. **DATE OF APPLICATION:** _____

2. **NAME:** _____

3. **SOCIAL SECURITY NUMBER:** _____

4. **DATE OF BIRTH:** _____

5. **MAILING ADDRESS WHILE IN SCHOOL:**

Telephone No: _____

6. **PERMANENT MAILING ADDRESS:**

Telephone No.: _____

Email: _____

7. CHECK ONE:

- a.** I am a Trust Beneficiary and own _____ Trust units.
- b.** I am the son / daughter of a Trust Beneficiary. My father /
Mother's name is: _____,
and owns _____ Trust units.
- c.** I am the husband / wife of a Trust Beneficiary. My husband /
wife's name is: _____,
and owns _____ Trust units.
- d.** I am the grandson / granddaughter of a Trust Beneficiary. My grandfather /
grandmother's name is: _____,
and owns _____ Trust units.

8. NAME AND ADDRESS OF SCHOOL TO MAIL SCHOLARSHIP PAYMENT:

Financial Aid Telephone No.: _____

9. SCHOOL YEAR YOU WILL BE ATTENDING: _____

10. DATE YOU WILL START SCHOOL: _____

11. CLASS STANDING FOR THE SCHOOL YEAR APPLYING FOR:

- Freshman (new) Sophomore Other: _____
- Freshman (continuing) Junior
- Freshman (pre-major) Senior

18. THE APPLICANT ACKNOWLEDGES THEIR RESPONSIBILITY TO RETURN ANY UNUSED FUNDS, OR FUNDS ASSOCIATED FROM WITHDRAWN OR INCOMPLETE CREDIT HOURS TO THE EDUCATIONAL TRUST. ALSO, APPLICANT WILL FOLLOW THE EDUCATIONAL TRUST GUIDELINES.

APPLICANT'S SIGNATURE BELOW CERTIFIES THAT THE FOREGOING IS TRUE AND CORRECT.

DATE: _____ **SIGNED:** _____

19. EDUCATION DISTRIBUTION ACKNOWLEDGEMENT BY TRUST BENEFICIARY:

Education distributions from the Educational Trust are no longer taxable. Please consult your tax advisor to determine if you are eligible for the Hope Scholarship Credit or the Lifetime Learning Credit under Section 201 of the Taxpayer Relief Act of 1997, section 25 A of the Code.

THE TRUST BENEFICIARY OR BENEFICIARIES BY SIGNING BELOW CERTIFIES THAT THEY HAVE READ THE FOREGOING AND ACKNOWLEDGE THE EDUCATION DISTRIBUTION BEING MADE ON BEHALF OF THE APPLICANT.

ONE OF THE FOLLOWING MUST BE CHECKED TO PROCESS THIS APPLICATION:

Acknowledgment by one Trust Beneficiary for the 20____ - 20____ Year

Acknowledgment by two Trust Beneficiaries for the 20____ - 20____ Year

DATE: _____ **SSN:** _____ **SIGNED:** _____

DATE: _____ **SSN:** _____ **SIGNED:** _____